

IEP at a Glance

Student's Name: _____

Classification: _____

Grade: _____

Glasses: yes or no

Seizures: yes or no

Med's: _____

Allergies: _____

Additional Services

O.T: yes or no

Time: _____

Speech: yes or no

Time: _____

Adaptive PE: yes or no

Time: _____

BI: yes or no

district or private

Time: _____

Name: _____

Mainstream? Y N

Class/Time:

NEED TO KNOW!